



Adult Basketball Season I Competitive and Recreational

Sundays, September 27–December 13 • Time TBA

This league is an eight game season, plus a season-ending single-elimination tournament, and is designed for formal participation. T-shirts and team trophies are awarded to the first and second place teams in the league. The tournament winner receives a sponsor trophy and T-shirts. A house team or teams may be developed from individual registrations. The creation of a competitive and recreation league may occur based on the number of teams registered.

Twin Lakes Recreation Center, 1700 W. Bloomfield Rd.

\$500/team or \$60/player if registering as an individual for a house team.

Register by 9/14. • For ages 18 yrs. and up.

Mandatory rules meeting and scrimmage for all teams September 20 at 7 p.m.



**For more information call 349-3720 or
visit www.bloomington.in.gov/parks.**

PROGRAM REGISTRATION FORM

Name _____

(parent/guardian if participant is under 18 or under legal guardianship)

Street Address _____

City _____ **State** _____ **Zip** _____

City of Bloomington Resident? Yes No

(If you are unsure of your residency status, please call 349-3700)

How did you hear of this program? Program Guide Newspaper Flyer Friend E-mail Web site Previous Participant Other _____

Participant Name	M/F	Birthdate	Shirt Size	Program Name	Class Code	Fee

Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. (circle one) **YES NO**
If **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*

The undersigned is the adult Program Participant, or is the parent or legal guardian of the Program Participant. The undersigned hereby states that s/he understands the activities that will take place in this program, and that the Program Participant is physically and mentally able to participate in this program. The undersigned recognizes, as with any activity, there is risk of injury. In the event that the Program Participant sustains an injury in the course of the program, and the City of Bloomington Parks and Recreation Department is unable to contact the appropriate person(s) to obtain consent for treatment, the City of Bloomington Parks and Recreation Department and/or its employees or volunteers are authorized to take reasonable steps to obtain appropriate medical treatment. The Program Participant and/or his/her parent or legal guardian shall be responsible for the cost of such treatment. The Undersigned now releases the City of Bloomington, the Bloomington Parks and Recreation Department, its employees, agents, and assigns, from any claims including, but not limited to, personal injuries or damage to property caused by or having any relation to this activity. It is understood that this release applies to any present or future injuries and that it binds the Undersigned, Undersigned's spouse, heirs, executors and administrators. The Program Participant may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I have read this release and understand all of its terms. I agree with its terms and sign it voluntarily.

Signature (parent/guardian if participant is under 18 or under legal guardianship) _____

Date _____

Home Phone _____

Work Phone _____

Emergency Contact _____

E-mail Address _____

Include Your Voluntary Donation

☐ Youth Scholarship Fund \$1 _____
☐ Bloomington Tree Fund \$3 _____
☐ Bloomington Park and Recreation Foundation \$5 _____
Other \$ _____

Total Enclosed \$ _____

Method of Payment:

☐ Cash (do not mail cash) ☐ Check/Money Order

Visa/Mastercard # _____

Expiration Date _____

Signature _____
(required if using credit card)

Make check or money order payable to:
City of Bloomington Parks and Recreation

Mail registrations to:
City of Bloomington Parks and Recreation
401 N. Morton Street, Ste. 250, Bloomington IN 47404